Emerald Hills Associates

53 Eagle St.
Salamanca, NY 14779

Submit Completed Applications in the mail (1 application form per family) to:
Emerald Hills Associates
PO Box 235
Allegany, NY 14706

Phone:	(716) 373-2202	TDD Relay:	711
Fax:	(716) 373-6905	TDD Number:	1-800-662-1220

- **THIS IS A SMOKE-FREE FACILITY**
- **NO PETS WILL BE ALLOWED, EXCEPT FOR SERVICE ANIMALS.**
- **NO CERTIFIED OR EXPRESS MAIL OR OTHER SPECIAL DELIVERY MAIL WILL BE ACCEPTED.**

TO BE FILLED OUT BY APPLICANT:

Name_____

Address_____ Apt. #_____

City _____ State _____ Zip _____

Home # _____ Work # _____

Social Security #_____ Date of birth_____

Current Landlord_____ How long?_____

Landlords #_____ Monthly Rent $_____

Number of persons in your household, including yourself? ____ Number of bedrooms required? ____

Do you expect any change in your household size? Yes__ No__ If "Yes", explain: _____

_____

Do you have a car? Yes___ No___ If "Yes", how many? _____

Have you or anyone in your household applying been convicted of possession, manufacturing, distribution, or illegal use of a controlled substance? ___ Yes ___ No

FUNCTIONAL STATUS

Does anyone in your household require special accommodations? Yes ___ No___

If "Yes", enter name(s):_____

List requirement(s):_____

Do you live in Public, State, or Federal Housing? Yes___ No___

If "Yes", enter the name of the Development or Project: _____

Are you presently being subsidized through Section 8? Yes____ No____

Check utilities paid by you and the amount paid:

___ Heat $_____/Month ___ Electric $_____/Month

___ Gas $_____/Month ___ Water $_____/Month

LIST ALL PERSONS, OTHER THAN YOURSELF, WHO WILL LIVE WITH YOU IN THIS DEVELOPMENT:

	Full Name	Relationship	D.O.B	Age	Sex	Full time Student?
(1)						
Occupation		Social Security #				
(2)						
Occupation		Social Security #				
(3)						
Occupation		Social Security #				
(4)						
Occupation		Social Security #				
(5)						
Occupation		Social Security #				
(6)						
Occupation		Social Security #				

INCOME: **LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS. INCLUDE SELF-EMPLOYED EARNINGS.**

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS CURRENT	GROSS EARNINGS ANTICIPATED
(Name)		$ Per	$ Per
(Name)		$ Per	$ Per
(Name)		$ Per	$ Per

OTHER SOURCES OF INCOME: *(Examples: Social Services, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Babysitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarships, and/or Grants).*

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

ASSETS:

Checking Accounts:

Bank_____ Acct. #_____ Amount $_____

Bank_____ Acct. #_____ Amount $_____

Passbook Savings:

Bank_____ Acct. #_____ Amount $_____

Bank_____ Acct. #_____ Amount $_____

Certificates of Deposit:

Bank_____ Acct. #_____ Amount $_____

Bank_____ Acct. #_____ Amount $_____

Credit Union Shares:

Credit Union Name_____ Amount $_____

Address _____

Stocks and Bonds *(value)* $_____ War Bonds *(value)*$_____

Do you own real estate? Yes___ No___ If "Yes", what is the value? _____

Have you EVER owned real estate? Yes___ No___ If "Yes", when? _____

Does anyone in the household receive any regular monetary contributions or gifts from non-household members?
___Yes ___ No

If yes, please explain: _____

MEDICAL AND UNUSUAL EXPENSES:

Do you pay for babysitting while a family member is employed? Yes____ No____

If "Yes", list the child care provider's name, address and phone #:_____

Cost per week $_____ Cost per month$_____

Are you receiving Medicare benefits? Yes____ No____

Are you receiving Medical Assistance from Social Services? Yes____ No____

Do you pay for any medical insurance/hospitalization *(such as Blue Cross, etc.)*? Yes____ No____

If "Yes", is this by payroll deduction? Yes____ No____

If "Yes", how often and how much? $_____

If paid directly by you, indicate amount of premium and how often paid $_____

Do you have outstanding medical bills? Yes____ No____

If "Yes", cost that you are expected to pay? $_____

Do you take prescription drugs on a regular basis? Yes____ No____

If "Yes", what is the cost to you? $_____

Do you anticipate any health care related expenses in the next 12 months which are not cover by health insurance? Yes____ No____

If "Yes", what would that cost be to you? _____

EMERGENCY CONTACTS:

If you are accepted as a resident, please provide the names of persons we should contact in case of any emergency.

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Phone #: _____ **Phone #:** _____

Relationship: _____ **Relationship:** _____

I certify that the housing I will occupy is/will be my permanent residence. I also certify that I do/will not maintain a separate subsidized rental unit in a different location.

I declare that the statements contained in this application are true and complete to the best of my knowledge.

WARNING: Willful false statements and misrepresentations are a criminal offense under section 1001 of Title 18 of the U.S. Code and can lead to rejection of your application or immediate termination of your lease.

I/we also authorize Emerald Hills Associates apartments to use any consumer reporting agency, credit bureau or other investigative agencies employed by such to investigate the reference herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent in support of this application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature_____ Date_____

PLEASE DO NOT MAIL MORE THAN ONE (1) APPLICATION. IF MORE THAN ONE (1) APPLICATION IS RECEIVED FROM ANY ONE HOUSEHOLD, ALL APPLICATIONS FROM THAT HOUSEHOLD WILL BE DISQUALIFIED.

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner or manager is required to note the race/national origin and sex of the individual applicant(s) on the basis of visual observation or surname.

Applicant 1:

ETHNICITY:

_____ Hispanic or Latino
_____ Non-Hispanic or Latino

RACE: (Mark one or more)

_____ Caucasian
_____ Black or African American
_____ American Indian / Native American
_____ Asian *(Korean, Chinese, Japanese, Filipino)*
_____ Native Hawaiian or Other Pacific Islander
_____ Other

GENDER:

_____ Male
_____ Female

Applicant 2:

ETHNICITY:

_____ Hispanic or Latino
_____ Non-Hispanic or Latino

RACE: (Mark one or more)

_____ Caucasian
_____ Black or African American
_____ American Indian / Native American
_____ Asian *(Korean, Chinese, Japanese, Filipino)*
_____ Native Hawaiian or Other Pacific Islander
_____ Other

GENDER:

_____ Male
_____ Female

Unlawful discrimination. "In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal0relay). USDA is an equal opportunity provider and employer."